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REPORT ON ASIATIC CHOLERA, OF THE COMMITTEE OF HYGIENE
OF THE MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

THE Committee on Public Hygiene, admonished by the fearful mortality attendant on the presence of Asiatic cholera in our western cities, and especially in Cincinnati and St. Louis, and confident that much may be done in staying the ravages of this fearful pestilence, by a proper and rigid adherence to such hygienic measures as have been found, by experience, to be beneficial, respectfully report:—

1st. *That Asiatic cholera is not contagious.*

Dr. Parkes, an English army surgeon, thus describes two epidemics which he saw in Asia. "Some time in the early part of 1842, cholera appeared in the northern parts of Burmah, and passing in a southerly direction, committed great ravages, and caused great consternation at Ava and Ameerapoor. After traversing these cities, it passed to Rangoon, pursuing the course of the Irrawaddy and its tributaries, and attacking chiefly those towns and villages situated on the banks of these rivers. In November it reached Tavoy, the second principal Burman town." Tavoy is a place of considerable size, and is situated about 150 miles south of Moulmein, on the banks of a broad, shallow stream, loaded with debris from the neighboring mountains. Cholera raged here with great fury for three or four months, and then gradually disappeared.

"During this progress from the north towards the south, cholera attacked chiefly or exclusively the towns and villages stationed in low marshy places, on the banks of rivers, or on the shores of the sea. It did not extend inland, and the Burmans were accustomed to escape it by leaving their homes, and travelling into the jungle. As soon as the first death occurred in any village, the men deserted their fishing or their paddy fields, and betaking themselves to their endless forests, preferred the chances of famine, and the dangers of the jungle, to the risks of exposure to attacks of cholera. They universally stated that, though they were left without food by this flight, and were exposed to the burning noon-day rays, and to the heavy tropical dews at night, cholera universally left them after the second or third day's march inland.

"For many months the disease at Moulmein was confined almost entirely to the houses situated on or over the river, and chiefly to the

south end of the town ; one side of the main street runs close to the river, and the great majority of cases occurred on this side ; comparatively few on the other."

In September, 1847, the disease having reached Trebizond an attempt was made, by shutting up all communication with the Russian ports, to prevent its introduction into Constantinople. On the 10th of September, however, several persons residing in different parts of the city, and having no communication with each other, were attacked with cholera. The progress of the disease was slow at first, but by the 23d of September the daily mortality had reached nearly 600. During this frightful mortality those persons who observed a rigorous system of diet, invariably escaped, notwithstanding their immediate contact with those affected by the disease, as well as those who retreated to elevated positions.

The exemption of one of the islands in the Neva from the disease, while it prevailed at St. Petersburg, notwithstanding the constant communication, together with the remarkable exemption of the city of Lyons, France, while cholera was raging at Marseilles, in 1835, notwithstanding it received an emigration of 10,000 inhabitants from that city, furnish proofs, among many others of a similar character, which entirely preclude the possibility of the communication of cholera by contagion.

Dr. Parkes, on the subject of its contagiousness, remarks, " During the epidemic attacks in 1843 and 1845, among the Europeans, there was a large extra allowance of hospital servants and coolies ; these men were constantly in the cholera ward, aiding the sick men in and out of bed, putting them into baths, rubbing their cramped limbs, emptying the close stools, and performing all the offices demanded by the patients, usually so restless and fretful in the earlier period ; and yet not one of them, nor any other of the hospital servants, were attacked. The medical officers were constantly on duty, receiving and inspecting the sick, examining the dead bodies, &c., and yet enjoyed the same immunity. In the *post-mortem* examinations of cholera patients, I have accidentally inoculated myself many times, without ill effects. In fact, I may sum up my own knowledge in the assertion, that I have personally never witnessed in India any fact which would have led me to believe that the poison of cholera possessed the character of contagious virus."

The mode of its recent introduction into this country, at two distinct points of the Union, New York and New Orleans, almost simultaneously, and the erratic course which it has since pursued, correspond with the observations hitherto made in disproving the doctrine of its contagiousness.

2d. *It is almost invariably preceded by diarrhæa.*

A very important fact in the history of cholera, which is now satisfactorily determined by the mass of evidence collected during the last few years, is, that so far from being instantaneous in its attack, it is always preceded by a premonitory stage of longer or shorter duration. The surgeons who had an opportunity to examine it in India are unanimous in the opinion that the primary stage of the disease is developed by a looseness of the bowels, either with or without pain, and of an undeterminate continuance of from one hour to three or four days. In regard to the dura-

tion of this stage, Dr. Parkes has never witnessed a case in which "the diarrhœa has existed longer than four days, and the usual time would be in general but a few hours; that, however," he remarks, "would afford sufficient time for the application of remedies capable, in the great majority of cases, of preventing the further progress of the disease."

Dr. Müller, who was sent by the Hanoverian government to St. Petersburg, in 1848, for the purpose of examining the disease, in his report divides cholera into four stages, the first of which (*stadium prodromorum*), the premonitory stage, characterized by disturbed digestion, flatulence, diarrhœa and languor, preceded the stage of invasion, whose symptoms were vomiting, cramps, and the peculiar rice-water discharges, and came on suddenly, from two to eight days.

3d. *This diarrhœa may, in the great majority of cases, be easily arrested.*

The opinion of the committee on this point is sustained by the able report of the English metropolitan sanitary commission, to which they are indebted for many of the facts which they shall make use of for the purpose of establishing it.

"It is notorious," remarks this report, "that diarrhœa was extremely prevalent in all the towns of the United Kingdom in which Asiatic cholera prevailed in 1832, although at that time the observation had not been clearly and generally made that it constantly precedes an attack, and is in fact the commencement of the disease. But perhaps," it adds, "one of the most interesting and instructive illustrations of the extent to which this premonitory symptom is present in a population in which cholera is prevalent, is afforded by the remarkable history of the progress and termination of this epidemic at Bilston, and the neighboring district, in 1832. This pestilence raged in Bilston with greater violence than in any other part of the United Kingdom. Out of 14,700 inhabitants, 3,568 were attacked with cholera, out of whom 792 died in less than seven weeks." Two medical men had perished, and two others left to recruit their exhausted strength. In this extremity, the Privy Council were requested to furnish medical aid, and Dr. McCann (since deceased), who had seen much of the disease in India and Persia, was sent to their relief. He immediately opened a dispensary, and placarded the town with notices that gratuitous advice and medicine would be furnished there to all persons laboring under bowel affections. The day after the dispensary was opened, 270 persons sought relief, and in eight days the number amounted to 1100. The result, which was no less gratifying than astonishing, is best told by Dr. McCann himself.

"I have," he says, in his report to the Privy Council, "the satisfaction to state that the mortality in Bilston parish from cholera, has been reduced during the last week to less than one half of what it was during the preceding. For this happy change, and happy it comparatively is, we are, I have no doubt, mainly indebted to the beneficial influence of the public dispensary for the bowel complaints." Dr. McCann has no hesitation in saying that a large proportion of the cases treated at the dispensary would have terminated in cholera, and that a majority of them would have died, but for this prompt and effectual relief. He says, "It

cannot indeed be too often repeated, that *looseness of the bowels is the beginning of cholera*, and that such looseness *admits of an easy and effectual cure*; whilst cholera itself, or that stage of the disease in which vomiting, cramps and prostration are added or succeed to looseness, is one of the most fatal and intractable diseases known." In less than three weeks from the time of the establishment of the dispensary at Bilston, there was not a case of cholera in the parish.

Mr. Hodgson, an eminent surgeon of Birmingham, which is situated in the immediate proximity of Bilston, who was one of the health officers appointed by the government, and paid great attention to the subject of cholera, in his examination before the committee says—"The disease raged very much at Bilston, and went on to a frightful extent until the government sent down Dr. McCann. When he came to Bilston he formed a cholera dispensary, or dispensary for bowel complaints, and drew attention very strongly to the importance of attending to the premonitory condition. I have always felt since that time, so far as my knowledge of the matter went, that if cholera ever threatened this country again, it would be a very manageable disorder if Dr. McCann's ideas were fully explained and acted upon."

This report of the metropolitan sanitary committee produced a profound impression in England, and the good results are to be found in the slight foot-hold which cholera obtained in its recent visit to that island. The committee cannot for an instant hesitate to entertain the opinion, that had similar measures been resorted to in those cities in our own country which have been so fearfully scourged by cholera, its progress might have been speedily and effectually arrested.

In regard to the extent of diarrhoea necessary to constitute the premonitory stage of cholera, the committee would remark, that during the prevalence of cholera, any alteration in the healthy action of the bowels should be looked upon with suspicion; insomuch that if an individual who had one evacuation daily, were to have this one looser than ordinary, it would be advisable to resort immediately to some gentle means to check it. The committee will not advise any remedial agents, which are well known to the profession, their purpose being mainly to call attention to the importance of establishing dispensaries for bowel affections as a great prevention of cholera, fully assured that with attention to cleanliness, both of the city and its inhabitants, to diet, and to the first manifestations of bowel affections, this terrible scourge may be shorn of many of its terrors.

JAMES WYNNE, *Chairman.*

BIBLIOGRAPHY OF CHOLERA; OR A BIRD'S-EYE VIEW OF SOME OF THE PUBLISHED WORKS UPON THAT DISEASE.

BY STEPHEN W. WILLIAMS, M.D., ETC.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of cholera is one of great and absorbing interest at the present time. As conservators of the public health, physicians ought

to be prepared to meet it, and in no way can they do it better than by becoming acquainted with the opinions of those who have investigated the subject. I am sensible that by many this method of investigation will be considered of little value. At least they will so hold it up to the public, and the researches of such men will be considered merely those of book-worms, and little to be relied on in comparison with practical experience. But what is such experience good for, without the guide of authority and science? This charge, however, is only made by those who are too indolent to study, and their opinions can neither do any good or harm. "Practice, without the guide of science, is downright jargon and empiricism." Dr. Rush observes—"If a physician acquire skill by his own individual experience, how much more will he acquire by availing himself of the experience of several hundred of his professional brethren." A man's books are his best counsellors. The physician who has a great amount of authority before him, is much better prepared to treat diseases, than one who has but a limited resource of this kind. Hence those physicians who have the largest libraries have, in almost all countries and ages, been considered the most successful, judicious and learned practitioners.

My object in this communication is to draw together, or concentrate to a point, the writings of such authors upon the subject of cholera as have fallen under my observation and recollection in the course of my reading. Although they are somewhat extensive, they are, not *all* that has been written on the subject; but enough will be noticed to render the subject interesting, and prove valuable references to the practitioner. I can do little more than give the titles of these works. When we reflect that, according to Chapman and others, the cholera, in a short space of time, has destroyed at least fifty millions of inhabitants, which is more than the plague or any other epidemic has ever done in a like period, and that it is at this time rapidly advancing in our country, the importance of the subject will be duly appreciated.

Cholera is no new disease, although it has been represented as such by some writers. I shall show that it existed in the early ages of the world. Still we have much to learn in relation to its character, cause and treatment.

Although Hippocrates wrote upon the subject more than 400 years anterior to the christian era, and an account of it may be found in Cox's translation of his writings, it appears by Schouttetten that it has been described even before him, by a Chinese physician named Wang-Chou-Ko, under the head of *hou-louan*. The Hindoo physicians say that the cholera has always existed in their country.

Coelius Aurelianus, an African physician, wrote upon the subject 500 years after Hippocrates, and gave a good account of the cholera and its remedies. He describes the disease as violent and acute.

Alexander, of Tralles, a town of Lydia, now Saltanbisar, in Illicum, early wrote upon the subject of cholera.

Areteus, of Cappadocia, early arranged tables of the cholera. The cholera is also described by Celsus.

From these writers it appears that the cholera occasionally prevailed during the ages of the Greek and Roman empires.

Zacutus Lusitanus, according to Ozanam, states that a colic prevailed in France in 1600, which was called *trousse galant*. Boisseau, according to Bedford, says this colic is given by Ozanam as an example of the first epidemic cholera in Europe. This disease "was so terrible that all those attacked by it died ordinarily before the fourth day." Dr. Bedford thinks this questionable authority, but admits that some cases of cholera occurred that year.

James Bontius, a Dutch physician, gives an account of a cholera which prevailed at Batavia in the year 1629, which was undoubtedly similar to the cholera of India and of the Greeks.

Dr. Thomas Sydenham, the great English Hippocrates, has accurately described the cholera which prevailed in London in 1669. Dr. Sims, also, speaks of it.

John James Schwaller, of Basle, according to Schouttetten, gave a history of an epidemic which prevailed in Switzerland, which he calls the cholera, and in Pegan, in Lower Saxony, at the close of 1717 and beginning of 1718.

Malouin, in the *Mémoires de l'Académie des Sciences*, describes an epidemic cholera which prevailed in Paris in 1750. Dr. Lentin states that the cholera raged at Dunaberg in 1769. Schouttetten says it appeared in Brittany, with violence, in July, 1779, and continued until October. He observes that "the cholera constantly exists in India, and that numerous destructive epidemics have been mentioned and described by celebrated physicians and travellers, particularly by Bontius in 1642, and Dillon in 1685. The histories of the epidemics of 1756, 1759, 1781 and 1782, have been given by Father Jean Baptiste, a Jesuit, and by two Bengalese physicians, Messrs. Wise and Corbyn.

Sonnerat, the Hindostan traveller, speaks of the cholera as prevailing epidemically at the coast of Coromandel, so long ago as the years 1771 and 1774. According to him, as stated by Dr. Joseph Mather Smith, more than 60,000 persons perished of the epidemic cholera at one visitation in the country between Cherrigam and Pondicherry. Paisley says the disease was epidemic in 1774; and Curtis, of Madras, gives an account of its ravages in 1782, in the southern provinces of India. The latter writer speaks of it, at the present day, as called at Madras by the name *mort du chien*.

I have examined the following works upon cholera, which were written previous to the year 1817, when it was, by many, erroneously considered to be first epidemic. Salmon's *New Dispensatory*, 8th edition, published in 1696, under the head *Choler*; Brooks's *Introduction to the Practice of Physick and Surgery*, 1754; Brooks's *Practice of Physick*, 1756; Allen's *Practice*, 2 vols., 1738; Boerhaave's *Institutes of Medicine*, 6 vols., 1738; Van Swieten's *Commentaries on the above*, 8 vols., 1744; Lind on the *Diseases of Hot Climates*, 1757; Hoffman's *Works*, 1756; Pringle's *Diseases of the Army*, 1743; Tissot on *Health*, 2 vols., 1767; Cullen's *First Lines of the Practice of Physic*, 1784; Heberden's *Commentaries*, Stohl, Chisholm, Frank, Jackson, Johnson, Hope; Brown's

Elements, 1790; Willich, Wallace, 1794; Townsend's Guide to Health, 1807; Rush's Inquiries, 5 vols., 1792; Wingate in Duncan's Medical Annals, 8 vols., 1798; Thomas's Practice, 1811; Quincy's Lexicon, 1736.

I now propose to name some of the principal works and papers upon the subject, which have occurred to my reading and observation since the year 1817. I shall present them as they have occurred to me, without regard to date or order. I think that even this slight review will show that the physicians of the first half of the nineteenth century have not been idle spectators of the ravages of one of the most terrific scourges which has ever afflicted the human race.

Most of our standard works upon the Practice of Physic treat upon the subject of cholera, and some of them most scientifically and elaborately. The following are within my recollection, and the volumes are principally before me. Good's Study of Medicine, 5 vols., 1829; McIntosh's Practice, 2 vols., 1837; Tweedie's Library of Practical Medicine, 5 vols., 1839; Peixotto's Gregory; Cyclopaedia of Practical Medicine, 4 vols., 1845; Copland's Medical Dictionary, 5 vols. published; Watson's Practice, Notes by Condie, 1845.

In 1832, F. Boisseau, of France, published an elaborate and valuable work on cholera, which was translated by Dr. Gunning S. Bedford, of New York, and pretty extensively circulated throughout the United States. It contains a valuable history of the origin, cause and treatment of the complaint, with an account of many writers upon it whom I have not enumerated.

The same year a Report on Epidemic Cholera was drawn up by a Committee of the Massachusetts Medical Society, of which Dr. James Jackson, of Boston, was Chairman. This occupies a volume of 190 pages, with two maps of its progress, one of them colored.

The same year Schoutteten, Adjunct Professor of the School of Medicine at Strasburg, published a Medical and Topographical History of the Cholera Morbus, with a large colored map of its progress, a work of 100 pages, and a most valuable production. This was followed, the same year, by a volume of Practical Observations on Cholera Asphyxia, with an Appendix, by James B. Kirk, M.D. Next, a Report of the Committee of the Philadelphia Medical Society, of which Dr. D. Francis Condie was Chairman. Then, the same year, a most interesting discourse, as an introductory lecture, on the Epidemic Cholera Morbus of Europe and Asia, at the College of Physicians and Surgeons in the city of New York, by Joseph Mather Smith, M.D.

Report on the Epidemic Cholera of the Presidency of Bengal, in 1817, 1818, 1819. Drawn up by order of the Government, by James Jameson, M.D., with a map, 1831.

Sketches of the most prevalent Diseases of India, and the epidemic cholera of the East, with a map, by James Annesley, 1831.

Treatise on Cholera Asphyxia, or epidemic cholera, as it appeared in Asia, and more recently in Europe, by Geo. Hamilton Bell, 1831.

A History of the Contagious Cholera, with two maps, by James Kennedy, M.D.

Quelques Reflexions sur le Cholera Morbus, by Dr. Jachnichen, Moscow, 1831.

History of the Epidemic Spasmodic Cholera of Russia, by Bisset Hawkins, London, 1831.

Facts and Observations on Spasmodic Cholera, by the Board of Health, Quebec, 1832.

Information for the People on Cholera ; including a sketch of its History, Prevention and Treatment. Philadelphia, 1832.

Report on the Epidemic Cholera in the Presidency of Fort St. George. Drawn up by the order of government, by William Scott, 1824.

Traité Pratique, Theorique et Statistique, du Cholera Morbus de Paris, par J. Bouillaud, Paris, 1842.

Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera, by C. R. Gilman, M.D., New York, 1832.

Remarks on the Cholera, embracing Facts and Observations collected at New York during a visit to that city expressly for the purpose. Providence, 1832.

Etude du Cholera Morbus en Angleterre et en Ecosse, pendant les mois de Janvier et Fevrier, 1832, par le Professeur J. Delpech, Paris.

Monographie du Cholera Morbus Epidemique de Paris, par A. N. Gendrin, D.M. Paris, 1832.

Report of the Committee of the Kappa Lambda Society, New York, for the purpose of preparing an account of the mode of treatment of the Epidemic Cholera, June. Together with an additional account presented August 15, 1832.

Cholera as it has recently appeared in the towns of Newcastle and Gateshead, by F. M. Greenhow, of Newcastle-upon-Tyne. Lon., 1832.

Du Cholera Morbus de Cologne, par M. le Marechal Duc de Dalmatie, Ministre de la Guerre, Paris, 1832.

Sketch of the Progress of the Malignant or Epidemic Cholera, from its arrival in America. With tables illustrative of its progress in the principal cities it has visited. By Edward Warren, M.D. Boston, 1832.

The Cholera Spasmodica as observed in Paris in 1832. By Ashbel Smith, M.D., of North Carolina.

A Treatise on Epidemic Cholera ; including an Historical Account of its Origin and Progress to the present period. Compiled from the most authentic sources. By A. Brigham, M.D., Hartford, Conn., 1832.

These are the principal works upon cholera which I have seen in the book or pamphlet form. Many other most valuable monographs and papers have been noticed in our most useful periodical Medical Journals. I now proceed to notice some of the most important and interesting of these which I have read.

Dr. Miner's Remarks on Cholera ; Cholera in Boston ; Cholerography and Cholera in Massachusetts, may be found in the September No., for 1832, of the "Boston Medical Magazine," where, also, may be found Letters on Cholera, by Baron Dupuytren ; do. by Dr. Ochel, of Petersburg ; do. by Mr. Lira ; also an account of Saline Injections in Cholera.

In the Boston Medical and Surgical Journal, Vol. VII., for 1832,

may be found the following papers, among others, on cholera. Dr. Morgan on Spotted Fever and Malignant Cholera; Lee on the Cholera Ointment; Typhus and Cholera, by Thomas Miner, M.D.; Cholera at Newport, by William Turner; Saline Injections in Cholera; Malignant Cholera, with Dissections; Miner on the Malignant Cholera of New London; Free Oil in the Blood of Cholera patients, by Martyn Paine, M.D.; Treatment of Cholera, by Dr. Buchanan; Cases of Cholera in Boston; Effects of Inhaling Cholera Effluvium; Pathological Variety of Cholera, by M. Paine; Sequelæ of Cholera at Albany; Spasmodic Cholera, by J. A. Allen, M.D.; Cases of Cholera treated by Saline Injections, by J. G. Stevenson, M.D.; Astringents in Cholera, by Dr. Eastman; Saline Injections, by Dr. E. J. Davis; Sulphate of Copper in Cholera, by Dr. J. Marsh; Comparative Treatment of Cholera, by Dr. Blosssey; Recovery from Collapse of Cholera, by Dr. J. C. Howard; Isolated Cases of Cholera, by Jonathan Ware and L. W. Sherwin; A Ray of Light on the Cause and Cure of Cholera.

In Vol. VIII. of the same—History of the Cholera in Montreal, by M. Paine; Cartwright on Asiatic Cholera; Changes of the Blood in Cholera, by B. F. Rose; Quebec Report on Cholera; Choleric Diarrhœa; After Thoughts on Cholera, by Senex; Remarks on Cholera, by the same; Cases of Cholera, by Dr. C. Hooker.

In Vol. IX.—Bleeding in Cholera; Cholera in India, in London, at the West, at Merrimac; Pathology of Cholera; Cholera produced by Rice.

In Vol. XI.—Re-appearance of Cholera in London; Mortality of, at Cincinnati; do. in Fulton, Ohio; Colchicum in Cholera.

In Vol. XIII. and other Vols. to XXXV.—Remarks on Cholera, by Dr. Richard Sexton; History of Cholera in New Orleans; Acetate of Lead in Cholera, by Dr. A. B. Price; Notice of Dr. Seeger's Lecture on Cholera; C. B. Williams on Bilious Cholera; Cholera, its Nature and Treatment.

In the American Medical Journal, Vol. IX.—Reviews of Jameson, Annesley, Bell, Kennedy, Jaennichen, and Bissett Hawkins, on Cholera; Violent Cholera at Clapham.

In Vol. X.—Review of Wm. Lefevre on Cholera; Document of Central Board of Health; Horner on Cholera on board the U. S. ship John Adams; Epidemic Cholera at Paris, by Drs. Pennock and Gerhard; Young on the Cholera Morbus; Magendie's Treatment of it; Pettit's Treatment; Non-purgative Salts in; Saline Injections; Lizars on the Pathological Appearances; Cholera and its Treatment; Treatment of Cholera, by the Polish Physicians; Chemical Analysis of the Blood in Cholera Patients; Reports of the Cholera at Dantzic; Mustard in Cholera; Eve on Asiatic Cholera; Dr. John Ware on the Cholera of New York; Lee on the Cholera Ointment; Cholera Blood.

In Vol. XII.—Reviews of Scott, Dalmatie, Greenhow, Kirk, Delpech, Bouillaud and Goodwin, on Cholera; Physiological Treatment of Cholera; Historical Examination of Epidemic Cholera at Paris; Salines and Cold Affusions in Cholera; German or Camphor Method of Treatment; Baxley's Report on Cholera in the Maryland Infirmary; McNaughton's

Letter to Dr. Spencer ; Post-Mortem Appearances in Cholera ; Cholera Statistics of Philadelphia ; Mortality of Cholera in Quebec ; Prof. S. Jackson on Cholera ; Zabriskie on Cholera ; Bronson on the Chlorides in Cholera ; Spontaneous Origin of Cholera.

In Vol. XIII. and succeeding Vols. to III. New Series—Review of Ayer and Spencer on Cholera ; Pathology of Cholera, by Dr. Charles A. Lee ; Dickson on the Communicability of Cholera ; Kickeley on the Cholera of Folly Island, Charleston, S. C. ; On the Cholera of Russia, Prussia, and Austria, by Gerandin and Gainard ; Cassanova on Cholera ; C. A. Lee, on do. ; Horner on the Anatomical Characters of Cholera ; West's Case of Cholera ; Bowron on the Original Causes of Cholera ; Kirkhoff on Cholera ; Leo, on do. ; Saline Injections in Cholera ; Forrey on Epidemic Cholera.

In the New York Journal of Medicine, Vol. II.—Dickson on Asiatic Cholera, with a Map ; Cholera, Report on ; Nature and Seat of ; Chloroform in ; Vapor Baths in ; Remarks on its Propagation ; Treatment of.

In the Philadelphia Medical Examiner, Vol. IV. New Series—Treatment of Cholera ; Naphtha, a Cure for ; Key to Cholera by Maxwell ; Progress of Cholera in the United States (Vol. V.).

In Ranking's Abstract, Vol. II., 1846—Treatment of Cholera, by McGregor and Jephson.

In the New York Annalist, 1848-9—Cholera at St. Petersburg ; Cholera and Quarantine ; Cholera, Mode of Propagation and Treatment.

In the Scalpel, 1849—Cholera.

Since writing the above, I perceive some more articles upon the cholera in the Boston Medical and Surgical Journal for this year—one from Dr. Page, of Louisiana, in the number for July 4th ; also a notice of a volume upon cholera, by Ambrose Tardieu, of Paris, which is ably reviewed in the Philadelphia Medical Examiner for July. I also perceive that Dr. J. P. Batchelder, of New York, has recently written a work upon cholera.

Deerfield, Mass., July 6th, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VIII.

WILLIAM GIBSON, M.D.

[Concluded from page 500.]

“ Loquere ; hoc vitium commune, loquator
 tñ nemo ; at tensus declamitet omnia voce,
 Tu loquere ; ut mos est hominum ; boet et latrat ille,
 Ille ululat ; rudis hic ; (fari si talia dignum est)
 Non hominem vox ulla sonat ratione loquentem.”

Joannes Lucas, de Gestu et Voce, lib. ii.

To Dr. Gibson is due the credit of introducing, in Philadelphia, a chaste, off-hand style of lecturing upon surgery, which has been followed and imitated by a large number of teachers, both in this city and elsewhere. To a vast fund of knowledge, in the fine arts, literature and languages, he adds

a happy faculty of expression, which make him a very ready and agreeable lecturer. Standing (according to ancient rule) with his feet moderately separated, or with his right foot thrown forward, resting upon the left; the index finger of the right hand placed upon the palm or across the two first fingers of the left hand, or with the left hand in the right breast, while the right hand sways a small rattan upwards and downwards and in other directions, he speaks straight forward and to the purpose—like a race-horse well trained, he moves steadily onward, as soon as the moment for action arrives. His language is pure and classical, flowing readily, as if written; anecdote, cases, descriptions, quotations, all flow out in one continuous stream; and the listener feels sure that nothing is or will be said in vain. Nor is there, as is sometimes the case (where the speaker is said to have a diarrhoea of words), a repetition of paragraphs or several sentences—merely to gain mental breathing time, the mind having gone, in the noise and bustle of the moment, “wool-gathering.” His demonstrations of the anatomy of hernia, the structure of aneurisms, and all surgical diseases, are always accurate and to the purpose.

Doubtless, the habit of extemporaneous speaking predisposes him to neglect his pen—which is to be regretted, as the “Principles of Surgery” is a model in composition, as far as the arrangement of the matter and the description of cases go, and proves that he can write well and graphically. That he can write and speak *honestly*, the first sentence quoted in these sketches, with a very slight acquaintance with his lectures and writings, will abundantly prove. There was, when Dr. G. first came to Philadelphia, a strong tendency to hide unsuccessful cases in surgery and medicine, and to blazon forth the more successful ones. Dr. G.’s great predecessor was, we fear, amenable to the first charge, and feared the effect of the want of success in practice on the public mind. Who ever hears of Dr. Physick’s failures? Was he *perfect*? The fear of failure induced the father of American surgery to be very cautious in selecting his cases, and to shun all doubtful ones, preferring to retain his own reputation unsullied, to experimenting, and subjecting it to the inevitable effects of failure. After all, this is the true policy both in medicine and war. A man, to be considered truly great, must never have been beaten, at least the people must think so. It was this feeling that carried Napoleon’s eagles over all Europe. Neither the public nor the profession will give a man credit for an experiment which fails, although it may be the means of establishing a principle in medicine, war or politics, of infinite value to the community. Dr. Gibson has shown himself above this, and for the good of science has even subjected his fair reputation to misconstruction. The *truly* great alone, can appreciate this kind of courage—’t is the courage of the true martyr, and he will reap his reward.

But to return to Dr. G. as a teacher. He appears to the writer, in the following remarks, to be describing himself very accurately; at least, after listening for many years to Prof. G.’s instructions, and critically examining his *modus loquendi et docendi*, we are disposed to finish this part of our sketch by making the quotation from the above introductory lecture.

“But to constitute an able and successful lecturer, in the common ac-

ception of the term, in any department of medical science, there should be from nature, an easy, quiet and composed demeanor, a simplicity of thought and action devoid of all affectation, a manner free from embarrassment of every description, a clear and distinct enunciation, a voice sufficiently powerful to reach the most distant hearers, susceptible of modulation, marked by peculiar intonation, so regulated in its cadence as never to terminate abruptly, and with great capability of emphasis, whenever the necessity for such a power may be called in requisition. If to these natural attributes be joined good common sense, steadiness of purpose, a laudable ambition to excel, a natural love or turn for the subject to be taught, that will cause the bosom of the speaker to glow with enthusiasm, and enable him to rouse and keep alive the attention of his hearers, and fix it upon important points which he wishes to imprint indelibly upon the memory, while he descants soberly and quietly, and in the plainest possible style of elocution upon common-place topics; if, I repeat, to these natural qualifications there be added intimate acquaintance with the best authorities of the profession, ancient and modern, a profound knowledge of the subject, the result of experience or personal observation, associated with the power, rarely possessed, of separating the useful from the useless, of winnowing the chaff from the grain, joined to peculiar tact in presenting in the most palatable, but most solid form, every intellectual viand, garnished by the dainties that a liberal education can always throw around, such qualifications are sure to be followed by success, and will in every possible way richly deserve it."

The doctor argues strongly against specialities, and then proceeds to state, that a lecturer must of necessity be devoted to a speciality. He must teach, and will necessarily practise, one branch of his profession, and obtain eminence in this branch alone. Cato's opinion is, that there is a great deal of Pharisaical pretence in the admonitions which students hear about this subject, as well as that called quackery—and that the *thief* generally shouts *stop thief* the loudest.

Dr. G. is about five feet seven inches high; broad, somewhat round shouldered; has a keen gray eye, a large head, carried a little forwards—covered with gray hair, which he says did not become so by years,

"Nor grew it white
In a single night,
As men's have grown from sudden fears."

His step is agile and elastic, betokening little of the debility of increasing years. In fact, as he well remarks, men are to be judged of in reference to their age, not by their *years*, but by their constitution—his is a good one, and he bears his old age "frosty but kindly."

"Thus much I've said, I trust without offence;
Let no court sycophant pervert my sense,
Nor sly informer watch these words to draw
Within the reach of treason or the law."

CATO.

THE MEDICINAL PROPERTIES OF SULPHUR.

[Communicated for the Boston Medical and Surgical Journal.]

Of late, Sulphur has gained a reputation which, if true, would class it among the most useful medicines known to mankind. Still, if its recent reputation, as a specific for cholera, be unfounded, we think it has medical properties which have been entirely overlooked amid the multiplicity of new remedials and compounds, that are daily being discovered. Perhaps there has been too great an inclination on the part of physicians to leave the well-known articles of the *materia medica*, and take up with the new. The last discovered compound is too apt to enlist forthwith its thousand advocates, and its praises are lauded over hill and dale, long before its true medicinal virtues have been established. Many excellent old medicines, therefore, have been buried up amid the splendor of the new, and their qualities have lain mostly concealed from the world, or are too slow to receive their just merits. Sulphur, we think, is one of these unjustly proscribed medicines.

It is true, sulphur is now used, and has been long familiar to the medical world—its virtues pretty well established, its effects as a remedy long confessed. Dioscorides informs us that it is good in coughs; Hippocrates employed it in “hysteria, accompanied with coughing, by the way of fumigation;” it has had its worshippers in every age—and it is well known that it holds an important place among those invaluable domestic remedies “for *purifying* the blood and *cleansing* the system from its impurities.” And, we truly believe, if it were more generally used, instead of many substances which irritate and disturb the animal economy, or instead of those numerous nostrums that throng almost every village, like so many demons, to steal away our life blood, and multiply our chances of destruction, it would greatly enrich the health of every community, and be a marked benefit to suffering humanity.

In an article necessarily so brief as this, we shall not enter upon the history of sulphur. It is easily distinguished by every one, and found in sufficient purity in every town for medical purposes. We shall simply confine ourselves to its medicinal properties, dwelling principally upon its more prominent characteristics as a medicine. The following are some of the objects for which it may with benefit be administered.

As a Laxative and Cathartic.—Sulphur in small doses loosens the bowels, and produces not a strong impression upon the system, giving tone to the mucous membranes of the stomach and intestines when impaired by disease and indigestion, and promoting the appetite. In diseases of the rectum, it has long been given, especially in hemorrhoids, as a safe and profitable remedy. In larger doses it acts as a purgative. With some persons it excites the peristaltic motion of the intestines to so great a degree, as not to afford time for proper digestion of the food; but, as a cathartic, it possesses no higher qualifications than numerous other substances for this purpose, unless we except its gentleness and harmlessness.

As a Diaphoretic.—This quality has long been ascribed to sulphur. When taken internally, it promotes the secretions of the skin and kidneys, and causes insensible perspiration. It seems to pass through the whole

body, and is manifestly transfused through the pores of the skin, as appears from the sulphurous smell of persons in the habit of taking it, and also from silver about the person imbibing a blackish cast, known to be the effects of the fumes of sulphur. Its power, as a diaphoretic, lies in its ability to increase the animal heat, and quicken the circulation. In acute cases, therefore, it is contra-indicated.

Stimulo-Expectorant.—We have already alluded to its reputation as an expectorant, and its healthful influences in lung complaints. Sulphur has long been recommended in asthma, and other disorders of the lungs of a chronic character. In some stages of phthisis, especially when the circulation is slow, it must be exceedingly valuable. But we are inclined to believe that its beneficial effects in chronic complaints of the lungs reside, in part, in its laxative and cathartic properties. However, during the 17th century, "it was termed, by way of eminence, the Balsam," in diseases of the lungs, "producing copious expectoration, and removing effete matter from those organs occasioned by disease." In the acute disorders of the lungs it cannot be safely administered, on account of its stimulating tendency. In fact, it should not be continued for a length of time in any case, if we would avoid its stimulating action. Sulphur now is seldom prescribed for pulmonary diseases.

But in cutaneous affections, sulphur stands pre-eminent, effecting manifestly more, with less injury to the system, than any discovered medicine. Unlike chloride of mercury, and other preparations of mercury, it does not beget in the system that irritation and those unhealthy effects which these medicines have upon the system of some persons when long continued. Its mildness and its efficiency are its best recommendations. To sulphur has long been given the name of specific in herpes, psora, and cutaneous diseases generally; and the only reason it has not been more generally used, is its disagreeable odor. This, however, may be disguised, so as to check it entirely in its external application, by the addition to the common sulphur ointment of a few drops of the oil of bergamot.

The form in which it is administered, both externally and internally, is various. The sulphur baths, the sulphurous water, are resorted to by invalids; and many persons have obtained much assistance from these in cutaneous diseases—diseases of the digestive organs, chronic catarrhs, (when it is necessary to stimulate the mucous membrane of bronchiæ, and of the pulmonary cells,) hypochondriasis, torpor of the intestines, and visceral obstructions. Finally, they have been for some time celebrated for relieving those afflicted with chronic rheumatism, gout, and diseases of the joints.

Within a short period, sulphur has been successful in the treatment of scrofula, possessing qualities in this respect hitherto but little appreciated. Dr. Bulley, of England, has employed it in a scrofulous enlargement of the knee-joint, combined with carb. ferri, with complete success. Its effects in scrofula are to accelerate the capillary circulation, so that patients feel a degree of warmth in the extremities. "Patients," remarks Dr. B., "visiting Paris, Barege, the Eaux-Bonnes, and other places, for the purpose of taking the natural sulphurous waters, have frequently experienced this same sensation of warmth after using them in moderate

doses. If sulphur internally has the ability to generate heat, and to equalize the general circulation (of which we have no doubt), it must be an indispensable medicine in the cure of diseases of the lymphatic system, and especially in the earlier stages of scrofulous disorder, when the disease is characterized by general coldness of the extremities and cutaneous surface. And it must be equally good to supply the constant drain of sulphuretted hydrogen always going on in these diseases to a great degree. Though the power of sulphur over scrofula has been but recently brought into notice, still its great alterative properties have been universally acknowledged by every medical man. Even 200 years ago it was used to discuss scrofulous tumors and swellings, and to produce an healthy action in ulcers most frequently found upon persons of a scrofulous diathesis.

The formula which Dr. B. thinks best for internal use, is as follows,—
R. Sulphuris purificat., gr. v. ad x.; syr. simp., 3 j.; aquæ, 3 ij.; bene terendo, ft. haust., to be taken once or twice per day in a tumbler of milk.

Before closing this article, it is necessary to say something of the power of this remedial agent over cholera. We cannot believe that it is a *specific* for this disease—it may be classed among its remedies, if any we have, and no higher merit can be safely ascribed to it. It *has** power to destroy ozone; but that ozone produces cholera, remains to be proved by more extensive experiments and observations than have been made as yet by physicians and chemists. If sulphur has such remarkable qualities, we should think the ravages of this cruel disease would be checked. In many places, where it has been and is now raging to an alarming extent, has long been heard the *false* fame of the remedial power of sulphur; yet it has not stayed the progress and the fatality of the disease. Still there may be efficacy in sulphur and charcoal. We certainly hope so, but the proof is all against it. Even in those villages around the volcanic regions of Italy, whose atmosphere is saturated with sulphurous vapor; and in Glasgow,† Scotland, where large quantities of sulphuric acid are manufactured, the cholera has appeared, doing its work of death, as fatally as in other places less accustomed to the fumes of sulphur.

Dover, N. H., July, 1849.

T. J. W. PRAY.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 1, 1849.

Imaginary Diseases.—A communication in the New York Annalist, from our respected correspondent, Dr. Williams, of Deerfield, Mass., brings to recollection analogous cases of imaginary syphilitic taints, in which we have occasionally been consulted. In the first place, it is certainly a very extraordinary affair for a most strictly upright man or woman, whose lives would bear the severest moral scrutiny, to become suddenly possessed

* See Prof. Schonbein's remarks on Ozone.

† New York Tribune, July 7th, 1849.

of the idea that they had the venereal disease. When this hallucination takes possession of the mind, such is its extreme tenacity, that it is rarely wholly subdued. Even when assurance and reason amount to a supposed victory over false impressions, the old fiend of the imagination is sometimes unexpectedly recalled, and the resources of those who exclusively minister to the insane, fail of restoring the patient to the influence of reason.

Some years since, a middle-aged man, of gentlemanly address, whose name and residence are still unknown, consulted the editor in regard to the "*remnants of syphilis*" which had been lurking in his system for a long while. He paid liberally, and invariably insisted upon having a large stock of medicine put up at the druggist's, as he resided two or three days travel from Boston. An examination of the throat, indicated particularly as the point of manifestation, gave no evidence of disease whatever; but the circumstantial description gravely given of the sensation there, led to the supposition that an ulceration might exist in the obscure region of the tonsils, and medicine was therefore prescribed, and he returned home. When the phials and pill-boxes were exhausted, he returned, but no better, and consequently he was replenished, and again left the city. A third or fourth visit accidentally led to the discovery that he was altogether an imaginary sufferer, and a full explanation was made to him of the fact. He appeared delighted with the announcement,—and at the same time it was pretty clearly ascertained that he had never been exposed, in any manner whatever, to the corruption by which he considered himself infected. At the expiration of some months, the unhappy man again visited Boston, and related that, notwithstanding his conviction, when we were last in consultation, that he had never had the malady at all, he no sooner got into the street than a desire to be well prompted him to call at that focus of venereal quacks, Wilson's Lane, where he was furnished most liberally with anti-syphilitics, which he had been taking freely. But this was not the worst of it—for, as he assured us, his wife was confidentially informed that she too had the awful scourge, and probably their two young children. In the terror which this intelligence inspired, with the haste she evinced to be speedily restored as secretly as possible, the three innocents were dosed and drenched, till, according to the infatuated husband's account, they were absolutely going down rapidly to the grave, the victims of his insanity. Emaciation, wildness of expression, with a spirited declaration of a determination to conquer or die in the effort, marked the last interview we ever had with him. Various schemes were tried to ascertain the name and residence of this singular lunatic, with a view to saving those who would assuredly die under the severe medication he imposed, yet so concealed under a sense of shame, that no one would probably know the true cause of their death. But we were foiled in every attempt, and to this day have not the least clue by which to ascertain the ultimate condition or destiny of a family that must have been very wretched. Should any of the readers of this Journal, within one or two hundred miles of Boston, be reminded of a chain of mysteries in some family in their neighborhood, which this recital helps to explain, it would be gratifying to be furnished with the remainder of the narrative.

Another case, not wholly unlike the foregoing, has been under occasional advisement for about four years, and the way the patient is kept from wasting his means and injuring himself by the ready prescriptions of the Endicott St. and Wilson Lane venereal doctors, requires considerable tact

on the part of those who know most about the case. It is quite certain, however, that he is very frequently trying some newly invented remedy for a disease that he never had.

Smith on Parturition.—Messrs. Lea & Blanchard have republished, among a vast number of other excellent treatises appertaining to the highest departments of practical medicine, a work new to us in the United States, with this title, viz., "Parturition, and the principles and practice of obstetrics, by W. Tyler Smith, M.D., Lecturer on Obstetrics in the Hunterian School of Medicine." It is dedicated to Dr. Marshall Hall, who, it is presumed, would not tolerate any second rate author's approach. Dr. Smith prides himself particularly in having studied what he calls reflex obstetrics. He says, in effect, that it is a new branch. Taking the whole range of reflex physiology, the cause of labor is only second in importance to the cause of respiration, and no one had perceived, continues the learned writer, that the relation of the ovarian nerves to parturition is the same as the relation of the pneumogastric nerves to respiration; while in the investigation of the causes of the menstrual cycles, in the twelfth lecture, a new field is entered upon, altogether distinct from the reflex motor function. The volume is made up of 26 lectures, abounding in that wisdom which should be the characteristic of those practising obstetrics. It is thoroughly and systematically exact, without being soporific or unnecessarily wire-drawn. Ticknor & Co., Boston, have it, and physicians generally should have it also.

Cincinnati Board of Health.—By an order of the Board, all the physicians of the city were required to report the cause of the death of each person dying under their care. As in Boston, there are all shades of practitioners, who have no natural affinity for each other's society, and certainly no confidence in each other's system of practice. As we understand the affair, quite a number of reputable practitioners belonged to the Board of Health, which issued the order alluded to. As physicians of the old school, they did not recognize homœopaths, hydropaths, or eclectics, in any other light than quacks, but in their official capacity, for not reporting deaths, such practitioners were ordered by the Board to be prosecuted. This was an anomalous proceeding, and the city solicitor seems to have allowed the offenders to leave the court before any definite course was taken. In the midst of this, the discovery was made that the Board, constitutionally, could enforce no decree, as the time of some of the members had expired, although they were still acting. Upon this, seven, including four M.D.'s, resigned their seats, and a new organization followed. This was a favorable moment for the various orders of practitioners, pitted against each other, and the eclectics against all; and they made the welkin ring, through the papers, with their complaints, their boasted triumphs over death, and their wails against an unrighteous corporation and an unbelieving generation. Upon this manifestation of war among the craft, a special committee of the Common Council presented a report, a paragraph from which is appended, to show how those strange and estranged men are estimated by the committee.

"These difficulties arise not only from the nature of the labors which devolve upon the Board, such as the selection of suitable hospitals for the sick, and making the necessary provisions for their accommodation, and attending to the various complaints against nuisances, but also from the pe-

cular jealousies which seem to belong to the medical profession. There exists, unhappily, different sects of physicians, between whom there is an impassable gulf fixed, which keeps them forever asunder. The different sects of religion are not so irreconcilable in their opposition to one another as are these opposing schools of the healing art. Their hostility is so extreme as to beget contempt for one another. The eclectic, in the eyes of the regular school physicians, is a *quack*; and the homœopath, in the eyes of both the eclectic and the regular, is an *empiric*; while the homœopath, in turn, looks upon the allopath as a bigot, irreclaimably joined to his idols. If, with the least of all doses, the homœopath succeeds in effecting the greatest of cures, the regulars cry out, like the Pharisees, "Give God the praise;" *these fellows are worse than "sinners,"* they are *quacks*, and for quackery there is no "remission."

The new Board of Health appointed an "eclectic" to the cholera hospital, and the result of all was the refusal of the regular physicians to report their cases at all. The empirics, however, it is said, reported more cases of cholera than occurred in the whole city, and nearly every one recovered!

Belmont Medical Society.—A pamphlet of the transactions of this Society, has been printed at St. Clairsville, Ohio. First, there is an inaugural address by Dr. Henry West, the president, on *Sanguinaria Canadensis*. This is a sensible and judicious discourse. If there is any fault to be found with it, it is that the remedy is represented to be good for too many diseases. It is one of the marvels of our medical times, how the best disciplined minds occasionally run, with the bit between the teeth, in riding a hobby. Blood-root is, indeed, an excellent medicine, and not sufficiently appreciated; but it will not raise the dead nor cure the cholera. Its external application to obstinate old ulcers, is generally satisfactory, and surprises those who use it with its immediate good effects. Next, is the duty of physicians, relative to nostrums. We anticipate Dr. Hoover, and say distinctly, let them alone. Medical ethics, by Dr. Wm. Estep, develops no new principle. Well-bred physicians are quite ashamed to quarrel, and when they do, the brotherhood is ashamed of them. There never was a code that made two bad-tempered, ambitious, testy practitioners love each other, especially when there was any degree of rivalry. Dr. Pratt's discourse on the teeth, speaks well for his researches into the anatomy and physiology of those organs. Dr. Robert Hamilton's report on quackery defines the duty of physicians in sustaining Dr. Edwards's law for excluding from ports of entry vile and inert drugs. Dr. John G. Affleck's paper on improvement in medicine, closes the series. The Society has our individual thanks for its good example, as well as for its meritorious literary contributions to the archives of medical science. A few more Belmont Societies are needed to spur up the drones—those fat people in physic who do nothing but pocket their fees.

Cholera in New York.—Dr. Reese, Resident at the Bellevue Hospital, whose extensive experience and acknowledged professional attainments give character to any opinions he may advance, has published an instructive paper in the *New York Commercial Advertiser*, of July 27th, which may be read with profit by the whole community. The following is the sum and substance of his method of treatment:—"On the earliest appearance of nausea or diarrhœa, the patient should take the horizontal position in

bed, and secure absolute rest for a few hours. If the diarrhoea continue, a teaspoonful of the following mixture may be taken in cold water, and repeated after every evacuation from the bowels. The same remedy and dose may be used if vomiting occurs, with or without pain or cramp, and be repeated if necessary, swallowing pieces of ice before and after, and drinking only ice water. I give the prescription, which, I may add, has been successfully used in this hospital, and is extensively employed elsewhere by those who have seen its usefulness here. Take of sulphuric ether and compound spirits of lavender, each 1 oz.; wine of opium, 2 drs.; oil of cloves, 10 drops; mix. Dose, a teaspoonful for an adult, and proportionably less for a child, to be repeated as often as necessary. My opportunity in this hospital for employing this compound in the diarrhoea, vomiting and cramps, which have prevailed here for months past to an unparalleled extent, have been ample."

Medical Miscellany.—A catalogue of the Vermont Med. College, for 1849, shows that the institution is prosperous. There were 105 students attending lectures.—According to the Directory, there are 641 physicians in the city of New York.—Dr. Gates, editor of the Valley Farmer, died at St. Louis, a few days since, of cholera. He formerly edited the Burlington Gazette (Vermont).—A physician has opened his office on board an Ohio steamboat.—Dr. Geo. H. Tillinghast has become editor of the Providence, R. I., Day Star.—A mesmeric institution has been organized in the ancient city of Bristol, Eng., of which Earl Ducie is president. He is a decided believer in all kinds of moonshine.—A circular of the Mass. Med. College, for 1849 and 50, is ready for distribution. The prospects of the institution are excellent. Also, just published, the circular of the Baltimore Dental College.—The proceedings of the American Association for the advancement of Science, held at Philadelphia in 1848, are published.—Forty young gentlemen, in attendance at the medical school in Boston, lately took the degree of M.D.—Dr. T. W. Keen, of Rockingham, N. C., is a candidate for Congress.—Palmer's *Patent Leg Reporter and Surgical Adjuvant* is the title of a new semi-annual, published at Springfield, Mass., where the manufacturing establishment of artificial limbs has been removed from Meredith, N. H. Why was it not located in Boston?

TO CORRESPONDENTS.—The Letter of "Medicus" to Rev. Dr. —, and an account of the Cephalometer, have been received.

MARRIED.—In Madison, Me., Percival Barton, M.D., to Miss Sarah C. Paine, both of North Anson, Me.—Dr. Smith Fuller, of Uniontown, Penn., to Miss J. E. Beggs.—Dr. J. P. Porter, of Decatur, Indiana, to Miss E. Nane.—Wm. M. Bailey, M.D., of Plymouth, Indiana, to Miss M. Ackerman.

DIED.—In New York, Dr. Alexis Smith, of cholera, 49.—At Beverly, N. J., Dr. J. B. Warner.—In Parras, Mexico, Dr. James O'Riley, of New Haven, Conn., of cholera.—At Washington, D. C., Nicholas W. Worthington, M.D., 60.

Report of Deaths in Boston—for the week ending July 27th, 1855.—Males, 60—females, 45.—Of consumption, 20—cholera, 10—disease of the bowels, 13—cholera infantum, 4—scarlet fever, 5—rheumatic fever, 1—convulsions, 3—cholera mortus, 3—infantile diseases, 8—congestion of brain, 3—lung fever, 2—cancer, 1—inflammation of the bowels, 2—dropsy, 1—tumor, 1—debility, 2—typhoid fever, 1—typhus fever, 1—disease of the heart, 3—dysentery, 3—accidental, 2—drinking cold water, 1—diarrhoea, 4—dropsy in the head, 2—hooping cough, 2—marasmus, 1—disease of the hip, 1—old age, 2—teething, 1—brain fever, 1—inflammation of the lungs, 1.

Under 5 years, 50—between 5 and 20 years, 12—between 20 and 40 years, 19—between 40 and 60 years, 17—over 60 years, 7.

Chicago Marine Hospital.—This institution now in process of erection, is to be situated on the point between the river and the lake; being the ground occupied as a military post, and will overlook the harbor so as to produce a beautiful effect. The building will front West on Michigan avenue, and will be convenient to all the marines of the city. The building will be 90 feet 6 inches front by 128 feet 6 inches deep, three stories high, above a basement, with a cupola elevated to 67 feet. The appearance will be fine, and the manner of its construction permanent. The basement will be of stone, the other walls of brick. It will contain forty-eight apartments, besides water closets, bath rooms, &c., and will accommodate three hundred and fifty patients. Thus, under the auspices of the general government, has been commenced a noble charity, whose blessings will be felt and appreciated by the homeless mariner, through a long succession of ages.—*N. W. Medical Journal.*

The Concours.—Our readers are aware that the professors of the faculty of medicine of Paris, are appointed by "concours;" and we have often expressed our admiration of this excellent system of securing the best man, and excluding favoritism. We are sorry to perceive, however, from a late transaction, that in Paris, as well as everywhere else, the best institutions may be rendered abortive by abuses which creep in by stealth. It appears that the assembled professors have a right of permitting mutations of chairs, and M. Denonvilliers has recently been allowed to exchange the anatomical professorship for the chair of operations, thus defeating the intention of the concours, by teaching a branch for which he has not competed.—*Lancet.*

Vinous Beverage.—A French physician has succeeded in making a very agreeable beverage with twenty pounds of the twigs and leaves of the vine, and forty pounds of the twigs of Indian corn. These substances are to be crushed by the stones of an oil mill, placed in a tub, and two hundred quarts of water poured over them, when vinous fermentation is set up, after repeated stirring. The vine-leaf contains the fermenting agent, and the Indian-corn twigs, sugar, so that alcohol is soon formed, if aided by heat. This wine may of course be colored, and its aroma and taste be improved. The dregs can be used for cattle, and will even yield brandy on distillation.—*Journal de Chimie Médicale.*

The Urine in Cholera.—In the *Lancet* of the 26th of May is mentioned the fact of the urine being albuminous in cholera, as if it had been first remarked by Dr. Rostan. Allow me, however, to observe, that the profession are indebted, for the first observation of this fact, to Mr. Busk, who, as far back as last October, ascertained that albumen was almost invariably present in the urine of cholera patients, and who mentioned the circumstance at a meeting of the Medico-Chirurgical Society. More than forty cases of cholera have been received on board the "Dreadnought," and in every instance but one, the urine passed at first has been albuminous. This condition rarely continued beyond the first day, but appeared to cease as soon as the action of the kidneys was fully restored.

HENRY T. L. ROOKE, in *London Lancet.*